MICHIGAN INSURANCE BUREAU

RETURN COMPLETED REPORT TO: MUNICIPAL LIABILITY REPORTING

MUNICIPAL LIABILITY CLAIM REPORT

(FOR USE IN REPORTING BOTH INITIAL CLAIMS AND CLOSED CLAIMS)

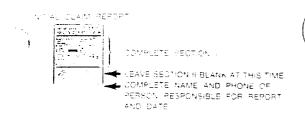
MICHIGAN INSURANCE BUREAU P.O. BOX 30220

LANSING, MI 48909

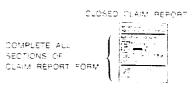
This report is to be filed with respect to any complaint filed against any municipality. Completion of Section I constitutes an INITIAL M REPORT. The Initial Claim Report is to be submitted within 30 days after an answer is filed on behalf of a defendant. Limpletion of Sections I and II constitute a CLOSED CLAIM REPORT. The Closed Claim Report is to be submitted within 30 days after any judgement, settlement, or dismissal of the claim.

	OFOTION I SOTU WIT								
		IAL AND CLOSED CLAIM							
1. EACH OF THE 2 REPORTS (INI	TIAL AND CLOSED CLAIM) MUST	BE COMPLETED BY EACH OF	THE FOLLOWING ENTITIES:						
Select your relationship by placing an "X" in proper box.									
01 MUNICIPAL LIABILITY INSURER 02 DEFENDANT'S ATTORNEY 03 PLAINTIFF'S ATTORNEY									
04 OTHER PARTY WHO HAS ASSUMED LIABILITY TO PAY MUNICIPAL LIABILITY CLAIM (SELF INSURERS)									
2. INSURED'S NAME 3. DEFENDANT'S NAME (If Different)									
4. PLAINTIFF'S NAME		5. PLAINTIFF'S ATTORNEY NAME							
MUNICIPALITY INFORMATION:									
6. TYPE OF POLITICAL SUBDIVISION	ON (SELECT ONE)								
01 CITY, TOWN, VILLAGE,OR UNIT THEREOF 02 COUNTY OR COUNTY UNIT 03 TOWNSHIP OR TWP. UNIT									
04 AUTONOMOUS TAXING DIS	STRICT (SCHOOL, PARK, FIRE DE	PT. ETC.)							
7. TYPE OF INSURANCE		POLICY LIMITS							
01 COMMERCIAL		8. OCCURRENCE	\$						
02 SELF-INSURED	This is an identification number assigned								
03 EXCESS	to insurance companies by the National	9. AGGREGATE	S						
04 SELF AND EXCESS	, ,	10. INSURER'S N.A.I.C.							
05 NONE		NUMBER (IF KNOWN)							
INCIDENT/COMPLAINT		15. TYPE OF INCIDENT (see i	reference on reverse side)						
)	MONTH DAY YEAR	13. TIPE OF INCIDENT (See I	elefelice off feverse side)						
11. DATE OF INCIDENT	MONTH DAT TEAR	Select the one most appropria	te answer by placing "X" in box.						
II. DATE OF INCIDENT		01 AUTO ACCIDENT	06 MEDICAL TREATMENT						
		02 SLIP AND FALL	07 PROPERTY RELATED						
12. DATE COMPLAINT FILED		☐ 03 FALSE ARREST	08 MALICIOUS CONDUCT						
		04 DEFECTIVE ROAD	O9 DISCRIMINATION						
13. COUNTY CODE NUMBER (sele	ct proper 2-digit code	05 RECREATIONAL							
from list on reverse side.)	<u> </u>	_							
14. TYPE OF COURT (select only	one)								
01 SMALL CLAIMS	O4 FEDERAL DISTRICT								
02 DISTRICT	05 OUT OF STATE	16. COURT CASE I.D. NUMBER	(Docket						
03 CIRCUIT	(ALL TYPES)								
	Make and file extra copies now	•							
	SECTION II - C	LOSED CLAIMS ONLY							
	MONTH DAY YEAR	_							
17. DATE OF CLOSURE									
19 AMOUNT OF HIDGEMENT		J 22. AMOUNT OF JUDGEMENT							
18. AMOUNT OF JUDGEMENT	•								
OR SETTLEMENT:	\$	OR SETTLEMENT PAID BY							
19. WAS THIS A STRUCTURED		THIRD PARTY (IF APPLICA	, and the second						
SETTLEMENT?	01 YES 02 NO	23. NAME OF PERSON OR P.							
20: ECONOMIC AMOUNT OF		(IF NOT LISTED IN NUMB	ER 2 OR 3)						
JUDGEMENT/SETTLEMENT:	\$								
21. NON-ECONOMIC AMOUNT OF									
'UDGEMENT/SETTLEMENT:	\$								
24. NAME OF PERSON RESPONSIBLE FOR TI	MIS REPORT	25. PHONE NUMBER	26. DATE						
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		()							
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SUPPLEMENTAL INSTRUCTIONS FOR MUNICIPAL LIABILITY CLAIM REPORTS



EACH INDIDENT ICOMPLAINTL REQUIRES SUBMISSION OF AN INITIAL CLAIM REPORT AND A CLOSED CLAIM REPORT



TYPE OF INCIDENT REFERENCE

USE THIS REFERENCE LIST TO HELP CHOOSE THE MOST APPROPRIATE RESPONSE TO ENTER ON LINE FIFTEEN.

- 91 Auto Accident (municipal vehicles, police chase, auto & pedestrian)
- 02 Slip and Fail (defective sidwalks, falls on stairs)
- 33 False Arrest (wrongful prosecution)
- 04 Defective Road (guard rails, negligent maintenance, design, lighting, signals)
- 95 Recreational (pools, playgrounds, parks, lakes)
- 06 Medical Treatment (denial of treatment, inmate related)
- 97 Property Related (inspection, zoning, tax, seizure, eviction)
- 08 Malicious Conduct (assault & battery, unnecessary force)
- 09 Discrimination (age. sex. race. handicap)
- 10 Other (please explain)

COUNTY CODE NUMBER

ENTER THE 2 DIGIT COUNTY CODE THAT APPEARS NEXT TO THE NAME OF THE COUNTY IN WHICH THE COURT CASE IS FILED. ENTER NUMBER ON LINE THIRTEEN.

01	Aicona	29	Gration	57	Missaukee
,	Alger	30	Hillscale	58	Monroe
	Allegan	31	Houghton	59	Montcalm
04	Alpena	32	Huron	60	Montmorency
05	Antrim	33	!ngham	61	Muskegon
06	Arenac	34	lonia	62	Newaygo
07	Baraga	35	losco	63	Oakland
08	Barry	36	iron	64	Oceana
09	Вау	37	Isabella	65	Ogemaw
10	Benzie	38	Jackson	66	Ontonagon
11	Berrien	39	Kalamazoo	67	Osceola
12	Branch	40	Kalkaska	68	Oscoda
13	Calhoun	41	Kent	6 9	Otsego
14	Cass	42	Keweenaw	70	Ottawa
15	Charlevoix	43	Lake	71	Presque Isle
16	Cheboygan	44	Lapeer	72	Roscommon
17	Chippewa	45	Leelanau	73	Saginaw
18	Clare	46	Lenawee	74	St. Clair
19	Clinton	47	Livingston	75	St. Joseph
20	Craford	48	Luce	76	Sanilac
21	Delta	49	Mackinac	77	Schoolcraft
22	Dickinson	50	Macomb	78	Shiawassee
23	Eaton	51	Manistee	79	Tuscola
24	Emmet	52	Marquette	80	Van Buren
25	Genesee	53	Mason	81	Washtenaw
25	Gladwin	54	Mecosta	82	Wavne
27	Gogebic	55	Menominee ⁻	83	Wexford
1	Grand Traverse	56	Midland		

SUBMISSION OF AN MITIAL CLAIM REPORT AND A CLOSED CLAIM REPORT IS REQUIRED BY PIA 173 OF 1986 FAILURES TO SUBMIT THESE REPORTS IS A VIOLATION OF SECTION 438 OF PIA 218 OF 1956 AS AMENDED